MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019792
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 788

FILED JUN 3 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SPRINGFIELD
Length of stay in 1b: YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DOA HANDLEY MEMORIAL HOSP.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: GREENE
c. CITY OR TOWN: SPRINGFIELD
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 827 S. PATTON
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First LIZZIE Middle Last STOUT
4. DATE OF DEATH: Month Day Year: MAY 21, 1963
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 6/3/89
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and state or country): CHRISTIAN CO., MO.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: JESSE REED
13b. MOTHER'S MAIDEN NAME: MAMIE ROUTH
14. NAME OF HUSBAND OR WIFE: JOHN STOUT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv): NO
16. SOCIAL SECURITY NO.
17. INFORMANT Address: NEAL STOUT; 827 S. PATTON

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
(IMMEDIATE CAUSE (a)) Probable coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-21-63, to and last saw her alive on 5-21-63
Death occurred at 6:55 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John W. Pelly MD
22b. ADDRESS: SPRINGFIELD, MISSOURI
22c. DATE SIGNED: 5/22/63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 5/24/63
23c. NAME OF CEMETERY OR CREMATORY: SMITH CEMETERY
23d. LOCATION (City, town, or county) (State): SPRINGFIELD, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: AYRE-GOODWIN SPRINGFIELD, MO.
25. DATE RECD. BY LOCAL REG.: 5-27-63
26. REGISTRAR'S SIGNATURE: Effie D. Melton

(Licensed Embalmer's Statement on Reverse Side)

JUN 5 1963

5-27

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ~~by me,~~

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 5156

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.